# Personal Health Coverage: Alberta & The Northwest Territories Rate Schedule

## Monthly Rates Effective December 1, 2025

### SINGLE

| Age | Health Plan Type | | | Additional Coverage Options | | |
|---|---|---|---|---|---|---|
| | BasicPlan | ExtendaPlan® | OmniPlan® | Basic Prescription Drugs | Dental Care | Hospital Cash |
| Under 35 | $10.00 | $32.00 | $54.50 | $21.50 | $65.50 | $9.75 |
| 35 - 44 | $10.25 | $32.00 | $55.00 | $26.00 | $78.75 | $10.00 |
| 45 - 54 | $10.75 | $34.00 | $57.75 | $30.75 | $78.75 | $10.25 |
| 55 - 59 | $11.75 | $36.00 | $59.75 | $37.00 | $75.50 | $12.25 |
| 60 - 64 | $14.00 | $36.50 | $64.75 | $43.50 | $72.50 | $15.50 |
| 65 - 69 | $9.25 | $36.50 | $65.25 | $15.75 | $78.75 | $28.75 |
| 70 - 74 | $9.50 | $36.75 | $67.50 | $16.75 | $72.50 | $31.25 |
| 75 - 79 | $9.75 | $37.00 | $67.50 | $18.00 | $72.50 | $34.50 |
| 80 + | $10.75 | $37.25 | $72.75 | $17.25 | $72.50 | $44.50 |

### COUPLE

| Age | Health Plan Type | | | Additional Coverage Options | | |
|---|---|---|---|---|---|---|
| | BasicPlan | ExtendaPlan | OmniPlan | Basic Prescription Drugs | Dental Care | Hospital Cash |
| Under 35 | $14.50 | $57.75 | $104.25 | $40.00 | $131.75 | $18.00 |
| 35 - 44 | $15.25 | $57.50 | $106.00 | $48.75 | $155.00 | $19.25 |
| 45 - 54 | $16.50 | $62.00 | $107.50 | $58.25 | $155.00 | $20.50 |
| 55 - 59 | $18.75 | $65.75 | $113.75 | $69.25 | $149.25 | $23.50 |
| 60 - 64 | $23.25 | $65.25 | $121.25 | $81.00 | $142.75 | $29.50 |
| 65 - 69 | $13.25 | $66.75 | $131.00 | $29.50 | $155.00 | $55.00 |
| 70 - 74 | $13.25 | $65.25 | $127.00 | $31.25 | $142.75 | $61.25 |
| 75 - 79 | $14.25 | $68.25 | $133.50 | $34.75 | $142.75 | $65.25 |
| 80 + | $17.50 | $68.75 | $136.25 | $32.25 | $142.75 | $84.75 |

### FAMILY

| Age | Health Plan Type | | | Additional Coverage Options | | |
|---|---|---|---|---|---|---|
| | BasicPlan | ExtendaPlan | OmniPlan | Basic Prescription Drugs | Dental Care | Hospital Cash |
| Under 35 | $15.50 | $70.75 | $131.00 | $54.25 | $198.00 | $26.75 |
| 35 - 44 | $16.50 | $73.50 | $133.75 | $64.25 | $233.50 | $28.00 |
| 45 - 54 | $18.75 | $80.50 | $139.75 | $77.50 | $233.50 | $28.75 |
| 55 - 59 | $19.75 | $84.00 | $147.25 | $93.75 | $224.00 | $32.50 |
| 60 - 64 | $23.75 | $84.25 | $156.50 | $110.50 | $215.00 | $38.00 |
| 65 - 69 | $13.50 | $80.25 | $152.00 | $39.00 | $233.50 | $69.00 |
| 70 - 74 | $14.25 | $80.25 | $155.50 | $41.00 | $215.00 | $73.75 |
| 75 - 79 | $15.75 | $82.50 | $163.00 | $45.75 | $215.00 | $78.75 |
| 80 + | $19.25 | $83.75 | $165.75 | $43.25 | $215.00 | $100.00 |

**When determining your monthly rate:**

- Family means three or more.
- For Couple or Family, the oldest person on the application determines the rate.
- For a Family with more than six people, add 30%.
- Additional Coverage Options can only be purchased with a health plan.
- Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.